U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E	For Official Use Only SS DOZ Rec: 15	

1. File Number U - ///

Name John

3. Name and address of person filing.

J Boske

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name SMW Local 265 Union

,		Labor Organizat	ion File Number 026-	754
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 1004 Lakewood Drive		Street 205 Alexandra Way		
City Bartlett		City Carol	Stream	
State Illinois	ZIP Code + 4 60103-5617	State Illin	ois	ZIP Code +4 60:88
5. Position in labor organization.	Business Represe	tation		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged monetary value from an emplo	in transactions (including loans) with, or oper whose employees your organization	derived income or on represents or	other economic benefi is actively seeking to re	t of epresent.
6. Name and address of Employer	(including trade name, if any).	7.a. Nature of Inte	rest, Transaction, or Inco	me.
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Charat		7.b. Amount.		
Street				
City				
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

John of Boshe.

Name of Person Filing John Boske		File Number U- 026-754	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Levinson Simon & Sprung, P.C. Trade Name, if any:	a. Labor Organizat	tion	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 566 W. Lake Street, Suite 3 West City Chicago			
State Illinois ZIP Code + 4 60661-1414			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name	Levinson Simon & Sprung provides accounting servi to the Union and related trust funds. The dollar amount in line 11b represents fees paid to the Un		
Trade Name, if any:	and all related Tr	=	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	e of such dealing. \$100,000	
City .	12.a. Nature of interest held	-	
State ZIP Code + 4	12/1/2004 dinner w Conference.	ith spouse at the IFEBP	
AMM	12.b. Amount.	\$197	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		A property of the second secon	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing John Boske.	File Number U- 026 - 754			
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name The Segal Company	a. Labor Organization b. Trust c. Employer			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 101 N. Wacker Drive Suite 500	G. Employo.			
City Chicago				
State Illinois ZIP Code + 4 60606				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name SMW Local #265 Pen.and Health & Welfare Fund	The Segal Company provides actuarial and consulting services to the Union and related trust funds. The dollar in line 11b represents combind fees paid by Health & Welfare and Pension Funds			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 205 Alexandra Way	11.b. Approximate dollar value of such dealing. \$100,000			
City Carol Stream ·	12.a. Nature of interest held or income received.			
State Illinois ZIP Code + 4 60188	Two Cubs-Sox Baseball tickets in approx. July of 2004.			
	12.b. Amount. \$60			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing	File Number U- 626-754		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metl Workers Local 265 Education Fund			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	Act of the Control of		
Street 205 Alexandra Way	c. Employer		
City Carol Stream			
State Illinois ZIP Code + 4 60188			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	The Education Fund provides training to Apprentice Sheet Metal Workers and I (John Boske) am a member of the Joint Apprenticeship Training Committee.		
Trade Name, if any:	of the bolin apprendictions and additional contractions.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing,		
City	12.a. Nature of interest held or income received.		
State ZJP Code + 4	3/16/04 JATC Regional Contest Jacket \$52.00 3/16/04 JATC Regional Contest Dinner \$60.00 Per Deim for Regional Contest \$300		
	12.b. Amount. \$412		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13 h is the Rusiness an Employer or Consultant 2	14.b. Amount of payment,		

Name of Person Filing To Hill Boske	File Number U- 026-75-4		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	lue from a business (1) a wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metl Workers Local 265 Education Fund Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Street 205 Alexandra Way City Carol Stream	c. Employer		
State Illinois ZIP Code + 4 60188			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. The Education Fund provides training to Apprentice Sheet Metal Workers and as a member of the Joint Apprenticeship Training Committee I am required to attend Regional and National Contests.		
P.O. Box, Bldg., Room No., if any Street	actend Regional and Nacional Contests.		
Sileet:	11.b. Approximate dollar value of such dealing.		
City State ZIP Code + 4	12.a. Nature of interest held or income received. 4/29/04 Hotel & Airfare to attend National Aprentice Contest \$586.00. 4/29/04 Per Diem to attend National Apprentice Contest \$900.00		
	12.b. Amount. \$1,486		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filling JoHn Boske		File Number U- 011-75-4
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	\$
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 265 Pension and Health & Welfare Funds	355	
Trade Name, if any:	a. Labor Organizat	tion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 205 Alexandra Way	c. Employer	
City Carol Stream		
State Illinois ZIP Code + 4 60188		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Trade Name, if any:	trusts that provide Trustee on these fo	th & Welfare and Pension Funds are benefits to the members. As a unds I am required to attend a
\$ \tag{\text{\tinx}\text{\tinx}\text{\tinx}\tinx{\text{\text{\text{\text{\tinx}\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx}\xitin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tinx{\tinx{\text{\text{\text{\text{\text{\text{\texi}\tinx{\text{\text{\text{\texititt{\text{\texict{\texitin}\text{\text{\text{\text{\texitin}\tinz{\text{\texitin}\tint{\tinin}\tinn{\text{\texitin}\tinn{\text{\texititt{\texitin}\tinn{\tinn}\ti	conference once a y	year.
P.O. Box, Bldg., Room No., if any	L	
Street:	11.b. Approximate dollar valu	e of such dealing.
State ZIP Code + 4	conference in New (air fare co attend IFEBP Orleans.\$268.20 or IFEBP Conference. \$356.62
	12.b. Amount.	\$1,623
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	:	
P.O. Box, Bldg., Room No., if any		
Street City TID Code 4 4		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	